

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046550

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 138

FILED JAN 7 1963

Primary Registration District No. 200

Registrar's No. 1924

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>Walnut Grove</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Walnut Grove, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>LOUIS</u> Last <u>HAWK</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>28</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-18-1922</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Company</u>	11. BIRTHPLACE (City and state or country) <u>Walnut Grove, Mo.</u>
13a. FATHER'S NAME <u>Walter Hawk</u>		14. NAME OF HUSBAND OR WIFE <u>Grace E. Hawk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>WWII Army</u>		17. INFORMANT <u>Grace E. Hawk, Walnut Grove, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Diffuse metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Carcinoma Bowel</u> DUE TO (b) <u>1 yr</u> DUE TO (c) <u>4 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>4 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:35</u> a.m. <u>A.</u> Month, Day, Year <u>12-28-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Springfield, MO</u>	
21. I attended the deceased from <u>1958</u> to <u>12-28-62</u> and last saw her/him alive on <u>12-28-62</u> Death occurred at <u>11:35 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Springfield, MO</u>	
22a. SIGNATURE <u>R.D. Duncan M.D.</u>		22c. DATE SIGNED <u>1-2-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	23d. LOCATION (City, town, or county) <u>Walnut Grove, Mo.</u>
24. FUNERAL DIRECTOR <u>Brim-Daniel, Inc. Walnut Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-4-63</u>	
26. REGISTRAR'S SIGNATURE <u>Effie E. Mullen</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Doyle L. Samuel

Licensed Embalmer No. *4702*

P. O. Address

Adel Grovelee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 13-28-63